| Application or Docket Number   |  |  |                 |            |                         |                  |            |        |        |                        |         | per                 |                        |
|--|--|--|-----------------|------------|-------------------------|------------------|------------|--------|--------|------------------------|---------|---------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2001   |  |  |                 |            |                         |                  |            |        |        |                        |         |                     |                        |
| CLAIMS AS FILED - PART I SWALL FINTITY OTHER THAM  |  |  |                 |            |                         |                  |            |        |        |                        |         |                     |                        |
|  |  | SMAL<br>TYPE                             |                 |            | OR                      | OTHER SHALL E    |            |        |        |                        |         |                     |                        |
| TOTAL CLAIMS   |  |  | 30              |            |                         |                  |            | RAT    | Έ      | ·FEE                   |         | RATE                | FEE                    |
| FOR  |  |  | NUMBER FILED    |            | NUMBER EXTRA            |                  |            | BASIC  | FEE    | 370.00                 | OR      | BASIC FEE           | 740.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |  | 30 minus 20=    |            | . 60                    |                  |            | X\$ 9= |        |                        | OR      | X\$18=              |                        |
| INDEPENDENT CLAIMS   |  |  | = E sunim       |            | 0                       |                  |            | X42=   |        |                        | OR      | X84=                |                        |
| MUI  | LTIPLE DEPEN                             | DENT CLAIM PR                            | RESENT          |            |                         |                  |            | +140=  |        |                        | OR      | +280=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |  |                 |            |                         |                  |            | TOTAL  |        | ויין                   |         |                     |                        |
| . 14   |  |  |                 |            |                         |                  |            |        | AL     | L                      | OR      | ь                   |                        |
| Calims AS AMENDED - PART II  (Calims 1)  (Column 2)  (Column 3)  SMALL ENTITY OR SMALL I   |  |  |                 |            |                         |                  |            |        |        |                        |         |                     |                        |
| 1  | 14.1                                     | (Column 1)<br>CLAIMS                     |                 |            | mn 2)<br>IEST           | (Column 3)       | 4          |        |        | ADDI-                  |         |                     | ADDI-                  |
| ΑF   |  | REMAINING<br>AFTER                       |                 | PREVI      | IBER<br>OUSLY           | PRESENT<br>EXTRA | İ          | RAT    | Œ      | TIONAL                 |         | RATE                | TIONAL                 |
| AMENDMENT  | Total                                    | AMENDMENT - 20                           | Minus           | PAID       | FOR                     |                  |            | XS     | 9=     | PEE                    | OR      | X\$18=              |                        |
| Ē  | Independent                              | . 37                                     | Minus           | ***        | <del>Ž</del> –          | c                | 1          | X42    |        | -                      | 1       | YOA                 |                        |
| \$   | FIRST PRESENTATION OF MULTIPLE DEPENDENT |  |                 | TCLAIM     |                         |                  |            |        |        | OR                     |         |                     |                        |
|  |  |  |                 |            |                         |                  |            |        | 0=     |                        | OR      | i                   |                        |
|  |  |  |                 |            |                         |                  |            | • • •  | TAL    | 11                     | OR      | TOTAL<br>ADDIT, FEE |                        |
| 9-4-05 (Column 1) (Column 2) (Column 3)  |  |  |                 |            |                         |                  |            |        |        |                        |         |                     |                        |
|  |  | CLAIMS                                   | · ·             | HIG        | HEST<br>MBER            |                  | 7          |        |        | ADDI-                  | -       |                     | ADDI-                  |
|  |  | REMAINING<br>AFTER<br>AMENDMENT          |                 | PREV       | OUSLY<br>FOR            | PRESENT<br>EXTRA |            | RA'    | TE.    | TIONAL<br>FEE          |         | RATE                | TIONAL<br>FEE          |
| AMENDMENT  | Total                                    | . 24                                     | Minus           | ** 3       | 30                      | - 8              |            | xs     | 9=     |                        | OR      | X\$18=              |                        |
|  | Independent                              | • 4                                      | Minus           | *** ,      | 3                       | 1.8              | 4          | X4:    | 2=     |                        | OR      | X84=                |                        |
|  | FIRST PRESE                              | NTATION OF M                             | ULTIPLE DE      | PENUEN     | II GLAIM                |                  |            | +14    | 0=     |                        | ОЯ      | +280=               |                        |
|  |  |  | •               |            |                         |                  |            | 4000   | OTAL   |                        | OR      | TOTAL<br>ADDIT. FEE |                        |
|  |  |  |                 |            | 01                      | (Oakana f        | <b>^</b> 1 | ADDIT  | FEE    |                        |         | AUUII. PEE          |                        |
| _  |  | (Column 1)                               | 1               |            | IMN 2)<br>REST          | (Column :        | 3)         |        |        | Y 1001                 | 7       |                     | 4001                   |
| AMENDWENT C  |  | REMAINING<br>AFTER<br>AMENDMENT          | •               | NU<br>PREV | MBER<br>ROUSLY<br>D FOR | PRESENT<br>EXTRA |            | RA     | TE     | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total                                    | •  | Minus           | ••         |                         | 0                |            | X\$    | 9=     |                        | ОЯ      | X\$18=              |                        |
| E  | Independent                              | •  | Minus           | ***        |                         | 0                |            | X4     | <br>2= |                        | OF      | Y04                 |                        |
| IS   | FIRST PRES                               | ENTATION OF M                            | ULTIPLE DE      | PENDE      | NT CLAIR                |                  |            |        |        |                        | ┨ᢅ      |                     |                        |
| +140= OR   |  |  |                 |            |                         |                  |            |        |        |                        |         |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "O" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE |  |  |                 |            |                         |                  |            |        |        |                        | OF      | ADDIT. FEE          |                        |
| -  |  | umber Previously I<br>mber Previously Pa | haid East 1M Th | 11C CD&C   | S ic lace th            | uan 3 Aminy 33   |            | _      |        |                        | ox in c |                     |                        |
|  | THE LIBROR OF                            | III PIETICON P                           | man finan       |            |                         |                  |            |        | 7      |                        |         |                     |                        |

FORM PTO-875 (Rps. 8/01)

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